

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 03/21/2013 FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (XX) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445424 NAME OF PROVIDER OR SUPPLIER 03/18/2013 STREET ADDRESS, CITY, STATE, ZIP CODE CENTER ON AGING AND HEALTH 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X3) COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) NFPA 101 LIFE SAFETY CODE STANDARD K 018 K018 NFPA 101 LIFE SAFETY CODE K 018 SS=E STANDARD Doors protecting corridor openings in other than Corridor doors of Resident's Smoking Room. required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as East Clean Linen Room, Central Supply, and the those constructed of 1% Inch solid-bonded core fire door of the 300 Hall Central Bath were wood, or capable of resisting fire for at least 20 corrected to a positive latch on March 19, 2013. minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is 2) All doors will be assessed for failure to no impediment to the closing of the doors. Doors positive latch and will be corrected by April 5, 2013. are provided with a means suitable for keeping 3) Maintenance will maintain log regarding routine the door closed. Dutch doors meeting 19.3.6.3.6 checking/repairs of the facility's doors. are permitted. 19.3.6.3 5/5/13 Maintenance will report findings in a log to the Roller latches are prohibited by CMS regulations QA Committee on a quarterly basis for a period in all health care facilities. of one year. QA consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, Safety Director and Department Heads, This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor doors closed to a positive latch. The findings include: Observation and interview with the Housekeeping Supervisor, on March 18, 2013 between 7:00 p.m. and 10:00 p.m. confirmed corridor doors to residents rooms failed to close to a positive letch in the following locations: Resident smoking room 1. 2. East clean ilnen room door

Any deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Varsians Obsolele

Central Supply room

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

3.

Event ID: JVCX21

Facility ID: TN8603

TITLE

If continuation sheet Page 1 of 3

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER CENTER ON AGING AND HEALTH (X4) ID SURMARY STATEMENT OF PERSONNEL.			STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650		03	<u> 13/18/2013</u>	
PRÉFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION PREPIX (EACH CORRECTIVE ACTION CORRECTION)			
K 018	Continued From pag 4. Fire door by 300 These findings were Housekeeping Supe the Administrator du	hall central bath verified by the	K 018		·		
K 062 \$S=D	March 18, 2013. NFPA 101 LIFE SAFETY CODE STANDARD		K 062	STANDARD 1) Corroded sprinkler heads x3 in the kitchel were replaced on April 3, 2013. 2) Facility assessment will be conducted for defects/corrosion and any deficiencies will be			
	determined the facility heads were free of co. The findings include: Observation and inter Supervisor, on March confirmed three (3) of the kitchen were corrotting finding was veriff Supervisor and acknowledge of the confirmed three (3) of the kitchen were corrotting finding was veriff Supervisor and acknowledge of the confirmation of the confir	view with the Housekeeping 18, 2013 at 9:30 p.m. three (3) sprinkler heads in oded. ed by the Housekeeping		corrected by 5/5/13. 3) Maintenance will conduct sprinkler monthly or as indicated. 4) Report maintenance log quarterly to Committee for a period of one year. Q of the Administrator, Director of Nursin Director of Nursing, Quality Assurance Safety Director and Department Heads	checks the QA A consists g, Assistar	<i>5/5/</i> 13 ni	
K 147 SS=E	NFPA 101 LIFE SAFE		5 1 10	(147 NFPA 101 LIFE SAFETY CODE STANDARD) Extension cords were removed from porns #301, #223, #213, #208, #245 and power strips were placed as needer	resident		
	This STANDARD is no Based on observation determined the facility to 7(02-99) Previous Versions Observa-	and interview, it was failed to ensure extension	ex re	All resident rooms will be assessed for ktension cords with multiple outlets and emoved. Power strips will replace exten- 15/5/13.	r eny		

If continuation sheet Page 2 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED; 03/21/2013 FORM APPROVED

A BUILDING 01 - MAIN BUILDING 01 STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650 (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION) K 147 Continued From page 2 cords and multiple outlet adapters were not used. The findings include: Observation and interview with the Housekeeping Supervisor, on March 18, 2013 between 7:00 (X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01 STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650 PROVIDERS PLAN OF CORRECTION (X5) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG (X5) DATE SURVEY COMPLETED (X5) DATE SURVEY COMPLET	TATEMENT OF RESIDENCE	ARE & MEDICAID SERVICES		FORM APPROV		
A45424 B. WING CENTER ON AGING AND HEALTH STREET ADDRESS, CITY, STATE, ZIP CODE 860 SOUTH MOHAWK DRIVE ERWIN, TN 37650 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MAIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 147 Continued From page 2 cords and multiple outlet adapters were not used. The findings include: Observation and interview with the Housekeeping Supervisor, on March 18, 2013 between 7:00 p.m. and 10:10 p.m. confirmed the use of extension cords with multiple outlets in the resident rooms 301, 223, 213, 208, and 245. This finding was verified by the Housekeeping Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013. BYREET ADDRESS, CITY, STATE, ZIP CODE 860 SOUTH MOHAWK DRIVE ERWIN, TN 37650 D PROVIDERS PLAN OF CORRECTION (EACH CORRECTION (E	TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01	OMB NO. 0938-0: (X3) DATE SURVEY		
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REGULATORY OR LSC IDENTIFYING INFORMATION) K 147 Continued From page 2 cords and multiple outlet adapters were not used. The findings include: Observation and interview with the Housekeeping Supervisor, on March 18, 2013 between 7:00 extension cords with multiple outlets in the resident rooms 301, 223, 213, 208, and 245. This finding was verified by the Housekeeping Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013. K 147 K 147 Continued From page 2 K 147 K 147 K 147 Continued From page 2 Cords and multiple outlet adapters were not used. The findings include: Observation and interview with the Housekeeping Supervisor, on March 18, 2013 between 7:00 extension cords with multiple outlets in the resident rooms 301, 223, 213, 208, and 245. This finding was verified by the Housekeeping Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013. Administrator during the exit conference on Nursing, Assistant Director of Nursing, Assistant Director of Nursing, Quelity Assurance Nurse, Safety Director and	CENTER ON AGING AND	HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE			
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	cords and multi The findings inc Observation an Supervisor, on I p.m. and 10:10 extension cords resident rooms This finding was Supervisor and Administrator di	ple outlet adapters were not used. lude: I interview with the Housekeeping March 18, 2013 between 7:00 p.m. confirmed the use of with multiple outlets in the 301, 223, 213, 208, and 245. I verified by the Housekeeping acknowledged by the use the exit conference as the state of the state of the exit conference as the ex	3) During the admission pro the Admissions Coordinator or their family (or POA) of th regarding the use of extensi strips within the building. Ma all residents rooms to condu ensure all rooms have the pi they present a need for exte 4) Maintenance will report of to the QA Committee for a pi QA consists of the Administr Nursing, Assistant Director of Assurance Nurse, Safety Director	cess to the facility. will inform the resident re facility policy on cords/power sintenance will check of a QI monthly to roper power strips if rision cords. compliance quarter reriod of one year. ator, Director of f Nursing, Quelity		

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